Exhibit N
Walker Baptist Medical Center Records dated 2/23/04

09 1543

WALKER BAPTIST MEDICAL CENTER

EMERGENCY PHYSICIAN RECORD
Hand or Wrist Injury (4)

BARRON TOMMY
SOUTHERN MEDICAL GRO 02/23/04
MR: **0246796** M W 046 [redacted]
PT: **9667833-9** CAE ED 30 L

TIME SEEN: 1745 ROOM: C-2 __ EMS Arrival
HISTORIAN: ✓patient __spouse __paramedics
AGE 46 M / F
__HX / __EXAM LIMITED BY:

HPI chief complaint: Injury to right / left
hand wrist forearm elbow arm
thumb index f. middle f. ring f. small f.

duration / occurred:
__just prior to arrival
__today
__yesterday
5 days PTA
2/17/04

where:
__home __school
__neighbor's __park
__work __street

context: __fell __blow __incised __crushed __burn
pt. states he was assaulted - seen in ED at the time - states he doesn't know if anything is broken in middle finger left thumb is broken

severity of pain: __mild ✓moderate __severe

ROS __tingling / numbness distally __suspected FB (skin lac)
__head / neck / other injuries
& all other systems reviewed & neg

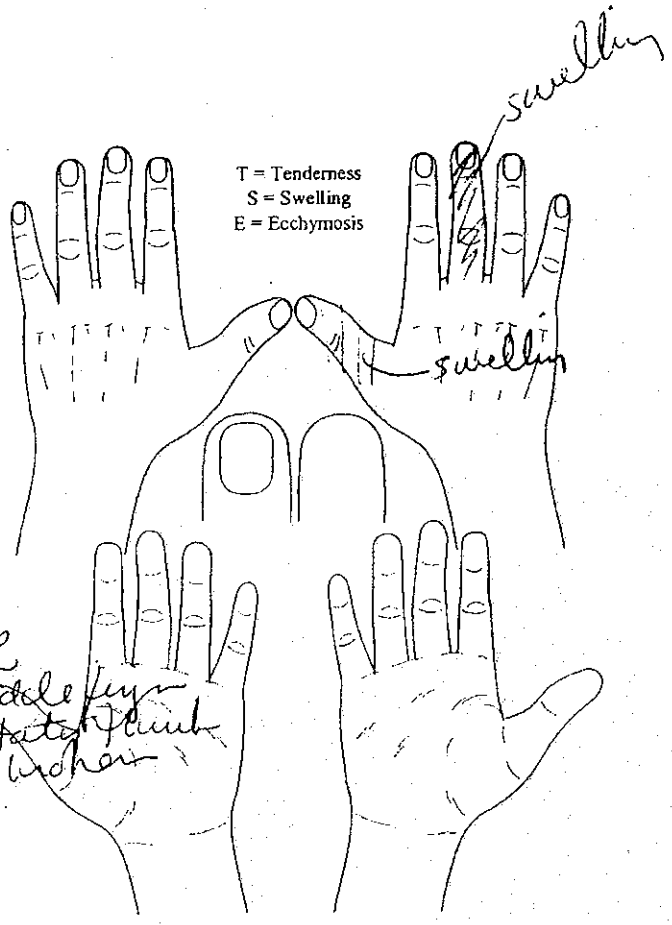
PAST HISTORY: __negative __peptic ulcer R / L HANDED
__prior injury __other problems
AMI
HTN
Meds- __none / ✓see nurses note (SH) ETOH smoker
Allergies- NKDA / __see nurses note

✓Nurses note reviewed ☐ Tetanus immun. current ✓Vital signs reviewed

PHYSICAL EXAM ✓Alert
Distress- ✓NAD __mild __moderate __severe

HAND
__nml inspection
__non-tender
✓see diagram
__tenderness *soft-tissue / bony*
__swelling / ecchymosis
__limited ROM
due to: pain / functional deficit
__deformity
__nail injury
complete / partial avulsion subungal hematoma

WRIST
__nml inspection
__non-tender
__nml ROM
__see diagram
__tenderness *soft-tissue / bony*
__tenderness in anatomical snuff box
__wrist pain on axial thumb load
__swelling / ecchymosis
__limited ROM
__deformity



NEURO
__sensation intact
__motor intact
deficits 2° to old trauma
__digital nerve deficit
decreased fine touch abnml 2-point discrim.
__median nerve deficit
sensory deficit- lat. 3 ½ fingers / lat palm
motor deficit- pronation / thumb flexion
index & middle finger flexion
__ulnar nerve deficit
sensory deficit- med. palm / med. 1 ½ fingers
motor deficit- thumb adduction / fingers adduct.
__radial nerve deficit
motor deficit- wrist drop / thumb extension

VASCULAR
✓no vascular compromise
__pallor / cool skin / abnml cap refill
__pulse deficit *radial ulnar*

TENDONS
__tendon function normal
__tendon visualized / injury seen
extensor flexor complete partial
__deficit in tendon function
limited extension limited flexion

FOREARM / ELBOW / ARM
~~uninjured~~ above wrist
__see diagram
__tenderness *soft-tissue / bony*
__swelling
__ecchymosis
__deformity
__limited ROM

SKIN
__warm, dry
__diaphoretic / cool / cyanotic edema, erythema, laceration, RD RMF

HEAD / ENT
__nml inspection
__pharynx nml
__tenderness
__swelling / ecchymosis

NECK / BACK
__nml inspection
__non-tender
__tenderness
__swelling / ecchymosis

CHEST
__no resp. distress
__non-tender
__breath snds nml
__tenderness
__swelling / ecchymosis

ABDOMEN
__non-tender
__no organomegaly
__tenderness / guarding

XRAYS ☐Interp. by me ☐Reviewed by me ☐Discsd w/radiologist
R / L *hand wrist forearm* 3rd *finger*
__normal / NAD
__no fracture
__nml alignment
__no foreign body
__DJD
__dislocation
__soft-tissue swelling
__foreign body
✓fracture fx / dislocation

Other study:
☐See separate report

PROCEDURES:
__splint ~~Velcro~~ ~~OCL / Ortho-glass~~ / *Plaster* (Aluminum-foam) ~~Volar~~ ~~Thumb spica~~ *Ulnar Wrist* ~~Sugar Tong~~ ~~Cock-up~~ *Colles*
__applied by ED Physician / Orthopedist / Tech
__examined post splint application *NV intact alignment good*
__fingers buddy-taped
__digital block *lidocaine 1%* __cc *marcaine 0.25% 0.5%* __cc
__subungal hematoma drained using electrocautery
__foreign body removed *with forceps with incision*
Closed reduction (R) middle finger PIP (x2). Reduction failed to remain reduced x2 due to associated comminuted fx of volar

WOUND DESCRIPTION/REPAIR
length_____cm location_____
NVT __intact __see NVT exam (front side)
depth/shape/contamination
__superficial __linear __*stellate __contused tissue
__SQ __*irregular __nail avulsed
__muscle __*flap
__clean __contaminated *minimally / moderately / *heavily*
*with*_____
ANESTHESIA __LET / TAC __local __digital / metacarpal block
__lidoc 1% 2% epi / bicarb __marcaine .25% .5% epi
WOUND PREP
__Betadine / Peroxide / Saline
__irrigated / washed with saline
*minimal / mod. / *extensive*
__wound explored
__foreign material removed
partially completely
__debrided
*minimal / *mod. / *extensive*
__undermined
*minimal / mod. / *extensive*
__*wound margins revised
__*multiple flaps aligned
WOUND REPAIR
*Wound closed with: wound adhesive / steri-strips*_____
SKIN- #_____ _____-0 nylon / prolene / staples_____
__*interrupted* __*running* __*simple* __*mattress (h / v)*
NAIL BED #_____ _____-0 vicryl_____
__*interrupted* __*running* __*simple* __*mattress (h / v)*
OTHER #_____ _____-0 material_____
__*interrupted* __*running* __*simple* __*mattress (h / v)*
*may indicate intermediate repair *may indicate intermediate or complex repair

PROGRESS:
✓Rx given Motrin
✓referred to / discussed with Dr._____
will see patient in: office / ED / hospital

CLINICAL IMPRESSION: *Fall Alleged Assault*
Contusion (R) L wrist hand
Hematoma thumb index (middle f.) ring f. small f.
Laceration MP (PIP) DIP joint (unstable)
Sprain / Dislocation
(Fracture) R / L radius *distal / shaft / proximal*
ulna *prox / shaft / distal / styloid* Colles' fx
metacarpal fx # 5 4 3 2 1
phalanx # 5 4 3 2 *thumb*
prox / middle / distal / tuft
Fx (R) 3rd

Discharge Instructions_____

DISPOSITION- ☐home ☐admitted ☐transferred_____
CONDITION- ☐unchanged ☐improved ☐stable_____

_____ NP (PA)
_____ M.D. #63 MD / DO

I have personally performed and participated in all the above services (including HPI and PE) and procedures. I have reviewed with the PA/NP the history and have confirmed the findings with the patient.
☐Template complete ☐Progress Notes

WALKER BAPTIST MEDICAL CENTER

DISCHARGE INSTRUCTIONS

NAME BARRON TOMMY DATE 02/23/04 PT # 9667833-9

Discharge Instructions Given to Patient

Fever	Back Pain
Head Injury	Sprain/Strain
Cast/Splint	Vomiting/Diarrhea
Wound Care	UTI
Crutch Training	Food/Drug Interaction

Other _____

1. Return if worse. 2. Read instruction sheet.
3. Have prescription(s) filled as soon as possible.
4. Special instructions: _____
5. Medication received in ER may hinder your ability to operate any vehicle or other type of machinery.
6. You should see Dr. _____ in _____ days.
   You should see Dr. _____ in _____ days.
   Call for appointment, phone number _____

Examination and treatment you have received in the Emergency Department is given as emergency care only. It is not indended to be a substitute for complete medical care. X-ray impressions made in the Emergency Department are subject to review. If the review indicates additional information, you or your physician will be contacted.

I acknowledge that I have received and understand these instructions.

Patient Signature X _____ Date _____ Time _____

Nurse Signature _____

SCHOOL / WORK EXCUSE

WALKER BAPTIST MEDICAL CENTER

Date 02/23/04 Patient Name BARRON TOMMY

May Return to Work / School Date _____

Restrictions: ☐ None ☐ Other _____

MD Signature _____

WALKER BAPTIST MEDICAL CENTER

Name BARRON TOMMY Date 02/23/04
2651 LEONARDS CHAPEL ROAD

Address CARBON HILL AL 355493450

MEDICINE PRESCRIBED

MEDICINE	SIG	DISP	REFILL

Fill All Medicines Prescribed

DISPENSE AS WRITTEN _____ MD DEA NO. _____

PROD. SELECTION PERMITTED _____ MD LICENSE NO. _____

WALKER BAPTIST MEDICAL CENTER

BARRON TOMMY
SOUTHERN MEDICAL GRO
MR: 0246796 M W 046 [redacted] 02/23/04
PT: 9667833-9 CAE ED 30 L

C-2 ph

MEDICATION / TREATMENT / RESPONSE

TIME	MEDICATION / TREATMENT	DOSE	ROUTE	SITE	INITIAL	TIME	PATIENT RESPONSE	INITIAL

MD ORDERS

TIME	MD ORDERS
	Volar + Thumb Spica Splint R hand
1843	Lidocaine + marcaine 3cc of each
	Hold d/c until finger reduced
2000	(1) See Dr. ~~[illegible]~~ Russell in clinic c̄ your x-rays @ 1245hr tomorrow
	(2) Finger splint R middle finger
	(3) R arm sling
	(4) R thumb spica splint

INTERVENTIONS/ORDERS

TD 0.5 MI IM — EXP/Lot. No.

☐ B/P Monitoring ☐ IV ☐ Hep Lock
☐ Oxygen ☐ Pulse OX ☐ Telemetry

LABORATORY

ORDERED / COMPLETED — TEST

- ☐ CBC: WBC ___ HGB ___ PLT CT ___ HCT ___ SEG ___ B ___
- ☐ Cardiac Enzymes: CK ___ MB ___ CKMB% ___
- ☐ Troponin ___ ☐ CPK ___
- ☐ PT ___ PTT ___ INR ___
- ☐ BMP: Na ___ K ___ Cl ___ CO2 ___ BUN ___ Creat ___ AG ___ Glucose ___ Ca ___ Osmo ___
- ☐ CMP: BMP (Above) + Hepatic Function Panel (Below)
- ☐ Hepatic Function Panel Albumin ___ Total Protein ___ Bilirubin ___ Bili Direct ___ Alk. Phos. ___ SGOT ___ SGGT
- ☐ Amylase: ___ ☐ Lipase: ___
- ☐ Theophylline: ___ ☐ Dilantin: ___
- ☐ Digoxin: ___ ☐ Phenobarb: ___
- ☐ UA: SPGR ___ WBC ___ RBC ___ Gluc ___ Ket ___ Bact ___ Nitrate ___
- ☐ Urine Culture: ☐ Cath ☐ CCU ☐ Urine Pregnancy
- ☐ Urine Drug Screen ___ ☐ ETOH ___
- ☐ Serum Pregnancy ☐ Neg ☐ Pos ☐ Quant
- ☐ Rapid Strep ☐ Throat Culture ☐ Mono Spot
- ☐ Blood Culture x ___
- ☐
- ☐ 1935 1912 1952

RADIOLOGY

Time To 1932 Time From 3CP

- R middle finger
- R middle finger post reduct.
- repeat AP + lat R middle finger post reduction

RESPIRATORY

- ☐ ABG PH ___ CO2 ___ PO2 ___ SAT ___
- ☐ Breathing Treatment: Medication ___
- ☐ EKG ☐ NSR Rate ___ ☐ ABNL ___
- ☐

NURSE DISCHARGE CHECKLIST: ☐ Tetanus Given ☐ IV Site Checked ☐ Valuables Checklist ☐ Antibiotic Given

VITAL SIGNS

TIME	TEMP	PULSE	RESP	B/P	PULSE OXIMETRY	NURSE SIGNATURE/TITLE

See Vital Signs Flow Sheet

IV FLUIDS

TIME	NO	TYPE	AMT	RATE	CATH	ROUTE/LOC	NO. OF STICKS	NURSE INIT

CERTIFIED EMERGENCY: ☑ YES ☐ NO

DIAGNOSIS: ☑ SEE T - SHEET OTHER: ___

DISPOSITION: ☐ Discharged ☐ 23 Hr Obs. ☐ Admit to Rm./Unit: ___ ☐ Report to/Time: ___
☑ Transfer to Hosp./Fac. ___ ☐ AMA

☐ OBSERVATION: @ Time: ___ ☐ Chest Pain Bed ☐ Stroke Bed ☐ Critical Care Bed ☐ ICU Bed ☐ Other: ___

METHOD OF LEAVING ED: ☐ Ambulatory ☐ Stretcher ☐ Wheelchair ☐ Crutches ☐ Carried ☐ Amb./Helicopter (ambulatory)

DISCHARGE INSTRUCTIONS: Follow up with ortho ~~this week~~ call tomorrow for appt. Meds as directed (2)

☑ Return to Emergency Department as Needed ☐ F/U with MD in ___ or if needed.

CONDITION AT DISCHARGE: ☑ GOOD ☐ POOR ☐ FAIR ☐ DECEASED

PATIENT D/C INSTRUCTIONS GIVEN: ☐ Head Injury Sheet ☐ Wound Sheet ☐ Fever Sheet ☐ Crutch Precautions ☐ Sprain/Bruise Sheet ☐ Eye Patch Sheet ☐ Clear Liquid Sheet ☐ TAB Sheet ☐ Instructed Not to Drive Due to Sedation ☐ Instructed to Wait 15 Minutes After Injection / PO MED ☐ RX ☐ Written Patient Instructions ☒ See Nurse's Notes

DISCHARGE TIME: 2035

Physician's Signature: [signature] M.D.

Discharge Nurse's Signature: [signature]

Emergency Department ORDER FORM

REV.4/01 WBMC 6300-03-PG/C-122041

WALKER BAPTIST MEDICAL CENTER

BARRON TOMMY
SOUTHERN MEDICAL GRO 02/23/04
MR: 0246796 M W 046 [redacted]
PT: 9667833-9 CAE ED 30 L

EMERGENCY DEPARTMENT RECORD

PATIENT NO.	DATE	TIME	CLINIC 1	VERIFIED BY	ROOM NO.	TYPE	F/C	SPECIALTY	CLERK
9667833-9	02/23/04	15:44	ERRM		ED 30	E	L		CAE

VITAL SIGNS					ORTHOSTATIC VITAL SIGNS				
TIME	T	P	R	BP	BP ♂	P	BP ♀	P	O2 SAT / FIO2

MONITOR
Cardiac ____
Fast Patch ____
Pacer Pads ____
Pulse Ox ____
NIBP ____

TREATMENT:
O2 Device ____
FIO2 ____
ET Tube ____
CO2 DET ____
Tube Tamer ____
Stylette ____
Suction ____
Yankauer ____
Control Tip ____
Oral Airway ____
Nasal Airway ____
NG Tube ____
Lavacuator ____
Foley ____
OCL ____
IN ____ FT ____
Emesis Bag ____
Sterile 4x4's ____
Betadine Soak ____
Pencil Cautery ____
Other ____

Eye Tray ____
Irrigation Sol ____
Morgan Lens ____
Ear Tray ____
Chest Tube Tray ____
Chest Tube ____
Blade ____
Suture ____
Xylocaine ____
Thoraseal ____
Trach Tray ____
Trach Tube ____
Vein Cutdown ____
Triple Lumen ____
Percut Introducer ____
Open Chest ____
Peritoneal Lavage ____
Other ____

TIME	NURSE'S NOTES
2025	Finger splint & thumb
	spica splint applied.
	Discharge instructions
	given, education on meds
	provided, pt verbalized
	understanding & ambulated ⇒

IV FLUIDS

TIME	#	TYPE	AMT	RATE	CATH	SITE	INIT

MD ORDERS

TIME ORDERED		TIME DONE/INIT

ADVERSE REACTION TO MEDICATION ☐ Yes ☐ No	☐ Admitted ☐ Discharged ☐ Transferred	Patient Condition on Discharge ☐ Stable ☐ Improved ☐ Unchanged	RN Signature 1.
RX WITH WARNING GIVEN ☐ Yes ☐ No	Nurse Report Called To: Time	Time Discharged	2.

WALKER BAPTIST MEDICAL CENTER

Addressograph

EMERGENCY DEPT. TRIAGE FORM

TRIAGE NAME: Barron | AGE: 46 | DATE: 2/23/14

BARRON TOMMY
SOUTHERN MEDICAL GRO 02/23/04
MR: 0246796 M W 046
PT: 9667833-9 CAE ED 30 L

ROOM #	TIME IN ROOM	EMERG.	URGENT	SEMI-URGENT	NON-URGENT	RECHECK
C-2	1633		/			☐ Scheduled ☐ Non-Scheduled

ACCOMPANIED ON ARRIVAL BY: ☐ SELF ☑ RELATIVE ☐ OTHER
☐ TRANSFER FROM N/A HOSP.
NOTIFIED: Police ☐ Family ☐ Coroner ☐ Time N/A

MODE OF ARRIVAL: ☐ PRIVATE VEHICLE ☐ AMBULANCE ☐ POLICE ☐ OTHER
☑ AMBULATORY ☐ WHEELCHAIR ☐ CARRIED ☐ CRUTCHES ☐ STRETCHER

FAMILY M.D. D | SIGN IN TIME 1543 | Have you seen an M.D. in the last 24 hours? Y ☐ N ☐ | Call Light ☑ | Side Rail Up ☑ | Valuables ☐ Y ☑ N ☐ See Valuables Checklist

AREA ☐ MAIN ED ☐ TRAUMA ☐ Major ☐ Minor ☑ MEDICAL ☐ Cardiac ☑ Non-Cardiac ☐ FAST TRACK ☐ GYN ☐ EENT ☐ ORTHO ☐ Other

CHIEF COMPLAINT: R) hand injury X 8 DAYS

TREATMENT PRIOR TO ARRIVAL: ☐ None
Medication: _____ Time _____
Other: _____
Prehospital Care:
☐ None ☐ Ice ☐ Elevate
☐ Spinal Immob. ☐ Splint _____
☐ C-Collar ☐ IV _____
☐ Dressing _____ ☐ O2 _____

VITAL SIGNS

Time	Pulse	Resp.	B/P	Temp (R O)	Pulse Ox
1620	106	20	138/95	98.6	N/A

ASSESSMENT

RESPIRATORY
☐ Not applicable
☑ Normal bilateral
☐ labored
☐ rales/rhonchi
☐ wheezing R L
☐ retractions
☐ nasal flaring
☐ decreased R L
☐ Cough
☑ non-productive
☐ productive
☐ sputum color: _____
☐ airway clear
☐ part. obstructed
☐ obstructed

CARDIO-VASCULAR
☐ Not applicable
☑ Pulse regular
☐ irregular
☑ Skin W & D
☐ cool & clammy
☑ Skin pink/normal
☐ pale
☐ cyanotic
☐ flushed
☐ jaundiced
☐ rash
☐ Cap refill <2 sec.
☑ >2 sec
☑ Pulses intact
☐ Edema
☐ JVD

GASTROINTESTINAL
☐ Not applicable
☐ Bowel sounds present
Abdominal
☑ Soft ☐ Firm
☐ Nondistended ☐ Distended
Abdominal Tenderness
☐ Yes ☑ No
☐ Rebound Last BM 2/23
Diarrhea ☐ Yes ☑ No
Vomiting ☐ Yes ☑ No

GENITOURINARY
☑ Not applicable ☐ Dysuria
☐ Frequency ☐ Discharge
☐ Swelling _____
☐ Hx of Bleeding _____
☐ LMP _____

HYDRATION STATUS
☐ Not applicable
Mucous Membranes:
☑ Moist ☐ Dry
Eyes
☑ Normal ☐ Sunken
Skin Turgor
☐ Poor ☑ Normal

FONTANELLES ☑ N/A > 19 mon
☐ flat ☐ bulging
☐ depressed

GROWTH & DEVELOPMENT
Personal-Social ☑ WNL no
Fine Motor ☑ WNL no
Language ☑ WNL no
Gross Motor ☑ WNL no

PEDIATRIC IMMUNIZATION:
☐ UTD
☐ NUTD*
Head Circum.: _____
☑ N/A > 36 mon
Birth Weight _____

SKIN/EXTREMITY
☐ Not Applicable
☑ Wound/Injury (Describe)
R) hand 3rd finger swollen

Fall Precaution: ☐ Yes ☑ No
Green Armband On: ☐ Yes ☑ No
At Risk for Skin Breakdown: ☐ Yes ☑ No
Advance Directive ☐ Yes ☑ No
DNR ☐ Yes ☑ No

PAST MEDICAL HISTORY ☐ Non-significant PMH ☑ AMI Date _____ ☐ CHF
☑ HTN ☐ CABG ☐ CAD ☐ ASCVD ☐ Diabetes ☐ PUD
☐ CRF ☐ COPD ☐ Asthma ☐ Sz Disorder Use ☐ Arthritis ☐ Ca
☐ CVA ☐ Sickle Cell ☐ HIV ☐ Hepatitis ☐ Liver Disease
☐ Migraine ☐ Other: _____
Weight 200 ☐ Tobacco use IPK ☐ Alcohol use D

ALLERGIC TO
DRUG ☐ YES ☑ NO LIST: _____
FOOD ☐ YES ☑ NO LIST: _____

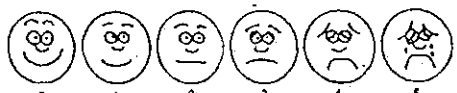
PRESENT MEDICATIONS NONE ☐ SEE HOME MED SHEET ☐ SEE NURSING HOME LIST ☐ D/C not taking

Tetanus ☐ U.T.D. ☑ Unknown ☐ > 5 years

PAIN ASSESSMENT

☐ NONE ☑ CURRENTLY HAVE PAIN ☐ PAIN IN LAST 6-8 WEEKS
LOCATION: R) hand
ONSET: 8 DAYS QUALITY: throb ☐ CONSTANT ☐ INTERMITTENT
WHAT HAS RELIEVED YOUR PAIN? PAST: Tylenol CURRENT: D
CURRENT PAIN LEVEL: NEONATE (0-10) _____ INFANT/CHILD (0-5) _____ ADULT (0-10) 7

Pain Intensity (VAS or FACES)



VAS
Rate Pain and effectiveness on scale
0 = no pain & 10 = worst pain
1 2 3 4 5 6 7 8 9 10

NUTRITION SCREEN

☑ No Apparent Problem ☐ Teeth Intact ☐ Missing Teeth ☐ Toothless
☐ Poor Appetite ☐ Emaciated Appearance ☐ Obese Appearance ☐ Unintentional Weight Loss
☐ Pregnancy ☐ Lactating ☐ Anemia ☐ Eating Disorder (>10 lbs. in last 3 months)

FUNCTIONAL SCREEN

☐ Difficulty performing ADLS without assistance or special aids: Normal
☐ Problems with balance or mobility: _____
☐ Difficult speech; chewing or swallowing problems ☐ Visual Impairment

☐ SEE TRAUMA FLOW SHEET ☐ SEE CODE SHEET

Triage Sally Richards R.N.

WBMC-6300-02-WALLACE

Page 1 of 10

NEUROLOGICAL

- ☐ Not applicable
- ☐ cooperative
- ☑ uncooperative
- ☐ agitated/combative
- ☐ oriented
- ☑ disoriented
- ☐ inappropriate
- ☐ sleeping
- ☐ Reported LOC ☐ Y ☑ N
  Min: _____
- ☐ alert/playful
- ☐ crying
- ☐ irritable

Neck

- ☐ Not Applicable
- ☑ Supple
- ☐ Other _____

Pupils

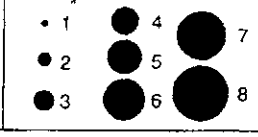
- ☑ Not Applicable

Acuity:
_____ R _____ L
_____ mm Size _____ mm
_____ Brisk _____
_____ Sluggish _____
_____ Fixed _____

NEUROLOGICAL GLASGOW COMA SCALE

Eyes 4
Verbal 5
Motor 6
TOTAL 15

PUPILS (mm) KEY



ASSESSMENT KEY

	INFANT/TODDLER (GCS) GLASGOW COMA SCALE		PRESCHOOL/SCHOOL GLASGOW COMA SCALE	
EYE RESPONSE	SPONTANEOUS	4	SPONTANEOUS	4
	TO SPEECH	3	TO VOICE	3
	TO PAIN	2	TO PAIN	2
	NONE	1	NONE	1
VERBAL RESPONSE	SMILES, INTERACTS	5	ORIENTED	5
	CONSOLABLE	4	CONFUSED	4
	CRIES TO PAIN	3	INAPPROPRIATE WORDS	3
	MOANS TO PAIN	2	INCOMPREHENSIBLE WORDS	2
	NONE	1	NONE	1
MOTOR RESPONSE	NORMAL, SPONT. MOVEMENT	6	OBEYS COMMAND	6
	LOCALIZES PAIN	5	LOCALIZES PAIN	5
	WITHDRAWS TO PAIN	4	WITHDRAWS TO PAIN	4
	ABNORMAL FLEXION	3	FLEXION (PAIN)	3
	ABNORMAL EXTENSION	2	EXTENSION (PAIN)	2
	NONE	1	NONE	1

PSYCHOSOCIAL STATUS / EDUCATION

Are there any religious, traditional, ethical or cultural practices that need to be a part of your care?

☐ Yes ☑ No

Specify: _____

Are you being hit, hurt or frightened by anyone in your home life?

☐ Yes ☑ No

How do you learn best? ☐ Verbal ☐ Reading ☑ Demonstration

What interferes with your learning? ☐ Physical ☐ Age Related ☐ Communication ☐ Language ☐ Spiritual ☐ Cultural ☐ Hearing ☐ Visual ☑ None ☐ Religious

INTERVENTIONS

- ☐ Tylenol _____ mg. Time _____
- ☐ Ibuprofen _____ mg. Time _____
- ☐ Wound Cleansed _____
  _____
- ☐ NPO - Explained at Triage
- ☐ C-Collar
- ☐ Dressing _____
  _____
  _____
- ☐ Ice & Elevation
- ☐ Immobilization
- ☐ Isolation Mask

CONSENT AND AUTHORIZATION

I am presenting myself for diagnosis and treatment at the Walker Baptist Medical Center and I consent to the rendering of such care, including diagnostic procedures, surgical and medical equipment, and blood transfusions, by authorized members of the hospital medical staff or their designees, as may in their professional judgement be necessary. I acknowledge that no guarantees have been made to me as to the results of such examinations or treatment on my condition.

Undersigned hereby authorizes the Walker Baptist Medical Center and my Physician(s) to release to my insurors full information (including copies of records) relative to this hospitalization.

X Jonathan Barron
PATIENT/PARENT/RESPONSIBLE PARTY SIGNATURE

RELATIONSHIP TO PATIENT

WALKER
BAPTIST MEDICAL CENTER

EMERGENCY DEPARTMENT RECORD

PATIENT NO.	DATE	TIME	CLINIC 1	VERIFIED BY	ROOM NO.	TYPE	F/C	SPECIALTY	CLERK
9667833-9	02/23/04	15:44	ERRM		ED 30	E	L		CAE

AGE	BIRTHDATE	SEX	RACE	M/S	MOTHER'S MAIDEN NAME	SOCIAL SECURITY NO.	PHONE	COUNTY	MED. REC. NO.
046	[redacted]	M	W	M	HAGOOD	[redacted]	[redacted]	WALKER	0246796

PATIENT NAME & ADDRESS
BARRON TOMMY
[redacted]

LAST VISIT DATE & TYPE: 02/17/04 ERRM0
ACCIDENT DATE/CAUSE: 02/15/04 POSS ASSAUL
W/C CONTACT:
AUTH. NO.:
ARRIVED VIA: CAR/PRIVATE
RECEIPT NO. & AMT:

GUARANTOR NAME & ADDRESS
BARRON ,TOMMY
[redacted]
SOC. SEC. NO.:
PHONE:

EMPLOYMENT INFORMATION - ONE	REL	SOCIAL SECURITY #
	PHONE	STAT

EMPLOYMENT INFORMATION - TWO	REL	SOCIAL SECURITY #
	PHONE	STAT

IN CASE OF EMERGENCY CONTACT (NAME & ADDRESS)
NELDA NELSON/[redacted]
JAN EDWARDS
RELATIONSHIP:
PHONE:

PHYSICIANS' NUMBERS AND NAMES
1 999995 SOUTHERN MEDICAL GRO
2
3
PCP PHYSICIAN

1. INSURANCE CODE & NAME: 1M60MEDICARE OUTPT	POLICY NO.: [redacted]	GROUP NO.	
PRECERTIFICATION NO.	SUBSCRIBER NAME & BIRTHDATE: BURCH ,TAZ		
2. INSURANCE CODE & NAME: 2K28MEDICAID 2NDA	POLICY NO.: [redacted]	GROUP NO.	
PRECERTIFICATION NO.	SUBSCRIBER NAME & BIRTHDATE: BARRON ,TOMMY		
3. INSURANCE CODE & NAME	POLICY NO.	GROUP NO.	
PRECERTIFICATION NO.	SUBSCRIBER NAME & BIRTHDATE		
4. INSURANCE CODE & NAME	POLICY NO.	GROUP NO.	
PRECERTIFICATION NO.	SUBSCRIBER NAME & BIRTHDATE		

CHIEF COMPLAINT: HAND INJURY
CODES:
COMMENTS:

RESULTS
Monitor
EKG
Radiology
Laboratory
Other

Time Examining MD Notified: _____ Time Patient Examined: _____
Condition on Arrival: ☐ Satisf. ☐ Fair ☐ Poor ☐ Critical
Chief Complaint:
HPI

Provisional Diagnosis:

Disposition Time: ☐ Discharged ☐ Admitted ☐ Transferred ☐ AMA
Condition On Discharge: ☐ Satisf. ☐ Fair ☐ Improved ☐ Poor ☐ Critical
Certified Emergency: ☐ Yes ☐ No

CONSULT	TIME NOTIFIED	RESPONDED	ARRIVED

_____ M.D.
Examining M.D. Signature

WALKER
BAPTIST MEDICAL CENTER
WALKER

BARRON **TOMMY**
SOUTHERN MEDICAL GRO 02/23/04
MR: **0246796** M W 046 DOB: 06/21/1957
PT: **9667833-9** CAE ED 30 L

(Addressograph)

CONSENT FOR TREATMENT

CONSENT OF HOSPITAL SERVICES: Consent is given to Walker Baptist Medical Center, Radiology Associates of North Alabama, P.C., Southern Medical Group, Inc., Foothills Anesthesia P.C., and Baptist Health Clinics, its contractors and its employees to provide hospital services and administer physician orders. Certain procedures may require separate consents. Physicians are responsible for explaining medical or surgical procedures, and patients may be called following their procedure for quality and continuum of care. The undersigned authorizes observers to be present during treatment/surgery for purposes of medical training and education.

PHYSICIANS: Physicians including, without limitation, Southern Medical Group Inc., Radiology Associates of North Alabama, P.C., Foothills Anesthesia, P.C., and Baptist Health Clinics, and Inpatient Medical Services.

X Tommy Barron
Consent for treatment (by patient or authorized representative)

2-23-04
Date

Helen B Landers
Witness

WALKER BAPTIST MEDICAL CENTER

Billing Form

For Financial Class:
M - MEDICARE

Patient Name	BARRON, TOMMY D.	Discharge Date	02/23/2004
Admission Date	02/23/2004	Date of Birth	[redacted]
Medical Record Number	W0246796	Sex	Male
Age	46		
Account Number	W00096678339		

DX	Code	DX Description
1	816.01	Cl FX Middle/Proximal Phalanx/Phalanges Hand
2	E968.9	Assault by Means NOS
3	412	Old Myocardial Infarction
4	401.9	Hypertension NOS

PR	Code	PR Description	Procedure Date	Surgeon
1	93.54	Application of Splint	02/23/2004	025668

CPT	Code	CPT Modifiers	CPT Description	CPT Date	CPT Surgeon
1	29130	F5	Apply Finger Splint, Static	02/23/2004	025668

APC	PSI	Payment Rate	ASC Group	ASC Fee
0058	S	59.64	0	0.00

Attending Physician..... SHIPMAN DR CHARLES E

Consulting Physician.....

Discharge Disposition..... AHR - Routine Dsch

DRG =

Status..... Y - Complete

Memo
DRG

MDC	Weight	AMLOS	GMLOS	LOS

Coder: staci

02/24/2004